## HIPAA Corner. . . .

### More About Protected Health Information…
**Complaint/Grievance Requirements:**
HIPAA grants enrolled persons specific rights relating to their health information, many of which overlap with patient/client rights mandated by state law. Specifically, in addition to privacy rights related to their Protected Health Information, enrolled persons are granted the right to:

- Request restrictions on uses or disclosures of their Protected Health Information,
- Request that communications related to Protected Health Information be confidential,
- Request amendment of Protected Health Information in the designated record set, and
- Receive an accounting of disclosures of their Protected Health Information.

HIPAA also mandates that a process be in place for enrolled persons to complain about ADHS/DBHS' privacy related requirements or ADHS/DBHS' compliance with those requirements. The ADHS/DBHS Manager of Grievance and Appeals is designated as the person/position title responsible for receiving complaints/grievances relating to enrolled persons' privacy rights and rights to access their designated record set.

### Edit Alerts

*An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.*

## Additional Demographic Edits to Be Implemented January 1, 2004
1) Intake/Demographic Effective Dates:
   a. If the Descriptive Characteristics Effective Date (DCED) field is populated on the incoming RBHA Demographics file, then:
      i. This date must be equal to or greater than the related Intake Date, and,
      ii. If there is a Closure Date then the date must be equal to or less than the Closure Date.'

If either of these two cases is not true, then the record will be rejected with error number F89.

   b. If the Outcome Measures Effective Date (OMED) field is populated on the incoming RBHA Demographics file, then:
      i. This date must be equal to or greater than the related Intake Date, and,
      ii. If there is a related Closure Date then the date must be equal to or less than the Closure Date.

If either of these two cases is not true, then the record will be rejected with error number F90.

   c. Intake Closure Date required for "Disenroll" (4) Demographic transactions. A "Disenroll" (4) Demographic transaction will be rejected with error number F91 if no Closure Date exists on the Intake for the same RBHA/Client/Intake Date.

2) DOB match between Intake and Demographic transactions. If the DOB on any Demographic transaction does not match the DOB on the related Intake, then the Demographic transaction will be rejected with error number F93.

## More Intake Edits on the Horizon . . . . . . .
ADHS/ITS has begun programming the new Program Support intake edits. These edits will replace most of the existing edits and should facilitate cleaner intakes with fewer duplicate client IDs generated. Expected implementation of the new edits is February 1, 2004.

The new edits will require a client ID to be submitted on every intake unless it is an intake for a new client not previously enrolled with any RBHA. AHCCCS IDs will also be required if the client has ever been enrolled in the AHCCCS system and submission of the client's SSN if it appears in AHCCCS, CIS or if collected from the client will also be required.

## AHCCCS Encounters Error Codes
**Z575 – Date of Service Already Billed on an Outpatient from Different Health Plan**
Encounters are pending because the admit hour on an inpatient encounter is before the discharge hour on a competing encounter and cannot be overridden. Generally, this is a result of two encounters for one service submitted by two plans. Contact the other plan to determine if there are overlaps in dates of service; and who should have paid for the service or how much of the service. If you need further assistance, contact your technical assistant.

*This one error accounts for 70.78% of the pended encounters at AHCCCS.*

## User Access Request Forms

The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736. For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.

## Important Reminders . . .

### Data Validation Study CY19

The preliminary report has been received and distributed to each RBHA. You will need to review the preliminary findings and verify the correctness of the errors listed. You must submit your challenge to ADHS/DBHS by January 9, 2004. Your review should include comparisons to data from the Medical Record, AHCCCS and ADHS/DBHS eligibility records, AHCCCS coverage of the service provided, AHCCCS provider registration and other data sources, as applicable. Each challenge must be supported by additional documentation. Types of additional documentation include, but are not limited to PMMIS screen prints, CIS screen prints, and screen prints from the RBHA's internal system. ADHS/DBHS will review the documentation submitted, and will determine if the documentation supports the challenge. ADHS/DBHS will submit one unified challenge to AHCCCS for all of the RBHAs. This is the only opportunity to challenge the errors identified by AHCCCS.

### 2002/2003 AHCCCS Pended Encounter Deletions (Void & Subvention Data)

RBHAs need to finish researching the 2002/2003 deletion data to determine if a CIS void needs to be submitted and review encounters marked as subvention to determine if they should simply be voided in CIS or voided and resubmitted. The cleanup process should be completed by 01/31/2004. Data files were provided to the RBHAs on 9/25/03 (2003 data) and 11/7/03 (2002 data).

### Encounters with Multiple Client IDs Cleanup

Encounters that have been adjusted using a different Client ID than the one submitted on the original encounter need to be researched and cleaned up by 03/31/2004 to ensure that the proper Client ID is associated with each encounter. Data files were provided to the RBHAs on 11/12/03.

### Viewing Archived Encounter Data

Archived encounter data (DOS before 7/1/2000) can now be viewed from the CIS Encounter Inquiry Screen (H74994) by checking the new Archive Search box.

## Important Definitions for Corporate Compliance

*Beneficiary* means any individual eligible to have benefits paid to him or her, or on his or her behalf, under Medicare or any State health care program (42 CFR § 1000.10)

*State Medicaid Fraud Control Unit* means a unit certified by the Secretary as meeting the criteria of 42 USC §§ 1396b(q) and 1002.305 of this chapter (42 CFR § 1001.2).

## Who's Who in the Division of Behavioral Health…

### Office of Prevention Services

The Office of Prevention was established to provide multiple prevention strategies to target population of Arizonans who are at risk for developing behavioral health problems. The office provides leadership to the prevention field in Arizona by acting as liaison to the U.S. Center for Substance Abuse Prevention, The National Prevention Network, and the National Center for the Advancement of Prevention. The Office of Prevention develops initiatives and sets statewide direction for the application and advancement of state of the art prevention programs and practices. State of the art prevention and technology are provided to the field through consultation, technical assistance, and specialized training and seminars. Office staff works cooperatively with community groups to:

- Develop and deliver training on specific topics;
- Address statewide issues related to prevention; and
- To provide technical assistance in the development of new programs and services.

## New 800 Line Installed !!! !!!

### Fraud and Abuse Reporting Protocol
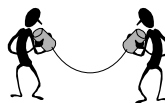
DBHS would like to remind all T/RBHA and provider staff's that any allegations of fraud, waste, or abuse must be referred to the Compliance Officer immediately upon discovery. DBHS will determine the next course of action for any referred cases. It is also imperative all RBHA employee's, providers, and members, know how and where to report suspicious activity.

In addition to reporting fraud at the RBHA level, anyone who wishes to report a possible incident of fraud, waste, and/or abuse may do so anonymously by calling Stacy K. Mobbs, DBHS Compliance Officer, at (602) 364-4708, *toll free* at 1 (866) 569-4927, or by e-mail at smobbs@hs.state.az.us.

If you prefer, you may write to us at:

Stacy K. Mobbs, Compliance Officer
Arizona Department of Health Services/BHS
150 N. 18th Avenue, 2nd Floor
Phoenix, Arizona 85007

## Billing Questions…

### Evaluation and Management Coding Practices

The Department of Health and Human Services, Office of the Inspector General will be examining physicians coding of Evaluation and Management Services (E&M codes). They will assess the adequacy of control to identify physicians with aberrant coding patterns, specifically coding disproportionately high volumes of high-level E&M codes resulting in greater Medicare reimbursement. They will also assess the accuracy and carrier monitoring of E&M coding.

Since psychiatrists E&M levels are based on _time_ spent on the patient's care, it is important, when auditing, to request sign in sheets, schedules, and chart notes from the provider to help establish the actual time spent on the patient's care.

One of the biggest issues is the improper use of 99203, 99204 and 99205 E&M codes. These codes indicate this patient is *new* to the provider. Per E&M service guidelines, a new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three (3) years. In the instance where a physician who is on call for or covering for another physician provides services, the patient's encounter will be classified as it would have been by the physician who is not available.

Prolonged service codes 99354 and 99355 are used with E&M codes, 99201 through 99215 and 99241 through 99245. The proper E&M code is used first, followed by the proper Prolonged Services code(s). If the duration of prolonged services is less than 30 minutes, the additional time is not billable under standard coding practices.

### Edit Failure Research Requested by RBHAs

In order for the Office of Program Support staff to effectively research encounters failing for any CIS pre-processor errors, the following information must be provided to expedite resolution to the problem.

- Edit Number
- ICN (minimum of 5)
- Dates of Service
- Provider Id
- Date the file was sent to ADHS/DBHS for processing
- Procedure/Revenue Code

The RBHA should send the request to the appropriate Encounter Representative for research. Your assigned Technical Assistant will report to the RBHA its findings via email, fax, or telephone.

### Intake Insertion Now Possible

A new process has been put in place to allow the T/RBHAs to enter intakes with dates before an existing CIS intake or between two existing CIS intakes. Questions regarding this process should be directed to:

> Ruth Bateman
> Phone: (602) 364-4728
> Fax: (602) 364-4737
> Email: rbatema@hs.state.az.us

### Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

| Stacy Mobbs | Gila River Navajo Nation Pascua Yaqui | (602) 364-4708 |
|---|---|---|
| Michael Carter | NARBHA PGBHA | (602) 364-4710 |
| Eunice Argusta | CPSA-3 CPSA-5 | (602) 364-4711 |
| Javier Higuera | Excel Value Options | (602) 364-4712 |